If more blanks are needed, address State Re

	19.00	
ORP	ORATE LIMITS Pegistration DistaNo.	1
	Land tack and	/ Wheel
(If	death occurred in a hospitator institution, give its NAME instead of street and nu	Ward
mos	//	
W	e mon to a	,
1	St., Ward. Frotting In	1
2113	If nonresident give off or town and S	State
	MEDICAL CERTIFICATE OF DEATH	
ED.	21. DATE OF DEATH 3 - 17	-
7	(Month) (Day)	193 (Tear)
	22. I HEREBY CERTIFY. That I attended d	and trom
	22. HEREBY CERTIFY That attended d	eceased from
1	2-11-12	death is said
han	to have occurred on the date stated above, at 430 m.	Geath is said
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
n.	were as follows:	Date of enset
2	Mo	***************************************
	July oury Jule Culos	Sur-
V_	. V Tour Table 1	Burn
-		In war
~	Other Contributory Causes of Importance:	
	Name of operation	
	What test confirmed diagnosis? They - Hasse Was there an au	l'opsy? MR
	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	Accident, suicide, or homicide? Date of injury	, 19
	Where did Injury occur? (Specify city or lown, county and State)	
>	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
33	Manner of injury	
	Nature of injury	50
	24. Was disease or injury in any way related to occupation of deceased?	00.
	If so, specify	*************
-	(Signed) Thank the William	M. D.
rar.	(Address) Liverby Land	
Ristrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal-cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02401
County Cleyany WARDIN OORPO	RATE LIMITS Registration Dist. No. 4
Village or City Cutrbeland M.	d. No. Allegany Orofo Styl Ward death occurred in a hospital or ignitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	~ .
2. FULL NAME John Dissett	
(a) Residence: No. Dearreson St. (Usual place of abode)	St., Ward. Tiedmont, I a. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Skile Single, Married, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
H married, widowed, or divorced HUSBAND of (or) WIFE of Mallie Chelch Bissett	1 HEREBY CERTIFY, That I attended decoased from 1933 to Wareh 26 1933
5. DATE OF BIRTH (month, day, and year) Dec 15, 1882	Hast saw hiem alive on which No - , 19 3 3; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 2: 50 p.m.
50 3 /3 1day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Bacler maker SAWYER, BOOKKEEPER, etc. Bacler	Jarganano and themarhacks
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc.	and stuplacine ilepstron
10. Date deceased last worked et this occupation (menth and year) 11. Total time (years) spant in this occupation occupation	of sum
12. BIRTHPLACE (city or town) Assternpart A	Other Contributory Causes of importence:
(State or country)	
13. NAME James Birett	
(State or country)	Name of operation Clust has blekery Date of 3 - 21 - 33 What test confirmed diagnosis? Was there an autopsy? In
15. MAIDEN NAME Bridget Mannens	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country) Tathiritles	Accident, sulcide, or homicide?
17. INFORMANT Mrs. Mallie Brigett	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It stembers my Date 11 29, 1933.	Manner of injury
19. UNDERTAKER a. Streetlock of 19.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO asch 28, 1933 Harvey A Meiss. Registrar.	(Address)
If more plants are needed address State Registrar	Dave N. Charles Street Baltimore Perustana 971 S. Ma.

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

BINDING

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E	xample I		Example II	
The principal cause of dea of importance were as foll	nth and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1001 0 3024	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

		TE LIMIN Registration Dist. No.
	Village or City Cumberland Md.	No. Memorial Hospital St.,6 / death occurred in a hospital or institution, give its NAME instead of street and number)
	(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) 6 ds. How long in U.S. If of foreign birth?
2	2. FULL NAME Mrs. Bessie Britton.	
		St. 6 3 Ward.
g.T.	(a) Residence: No. 58 Roberts St. City (Usualplace of abode)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 1	Female 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH March 11, (Day) 193 3
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of John Britton.	22. I HEREBY CERTIFY, That I attended deceased
6	DATE OF RIRTH (month, day, and year) May 2, 1888.	19 37, to 3 - / 19 1 last saw h 2 alive on 3 death
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. 2 m
	45 44 18 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as a down:
ON	8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWOPK	Elet Basson -
PATI	9. Industry or business in which	Destron home hu
occur	work was done, as SILK MILL, SAW MILL, BANK, etc	Mislig maney in ku
00	10. Date deceased last worked at this occupation (month and year)	bologing left forearm
		Other Contributory Cause of Importance:
12.	. BIRTHPLACE (city or town)	
ER	13. NAME J. W. Mudge.	
ATH	14. BIRTHPLACE (city or town)	Name of operation Tone Date of
FA	(State or country) Maryland	What test confirmed diagnosis? The 96-Ann was there an au'opsy?
IER	15. MAIDEN NAME Elizabeth Mintdrop,	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHE	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Ξ	(State or country) Maryl nd	Where did injury occur? (Specify city or town, county and State)
17.	.INFORMANT Memorial Hospital	Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Martishus q Date Mar 14, 1923	Nature of injury
10	UNDERTAKER J. S. Buttles	24. Was disease or injury in any way related to occupation of deceased?
13.	(Address) Combuland MA	It so, specify
20	FILE March 13, 1933 Olderny Hi News	(Signed) The X Williams
	Registrar.	(Address fra la

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis *	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR

MARGIN RESERVED

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DE	ATH			SATE (1801) (53)	-
				ORATE LIMITS (53) Registration Dist. No.	4
Village or City	Vumberla	nd. Md		478 Walnut C+	₹ Ward
				death occurred in a hospital or institution, give its NAME instead of street and n	
				ds. How long in U.S. if of foreign birth?	sds
2. FULL NAME					
(a) Residence: No.	Cumber	land. M	d	St., 3 Ward.	
		(Usual place		If nonresident give city or town and	State
PERSONAL A				MEDICAL CERTIFICATE OF DEATH	
	hite		RIED, WtDOWED, D (write the word)	21. DATE OF DEATH Mar 30.1933	
		Wid	WO	(Month) (Dey)	(Year)
5a. If married, widowed, or d HUSBAND of	vorced 1e B	rotemar	kle	22 LIEDERY CHATTERY THE LEVEL	
(or) WIFE of				22. May Cres 19 1 1 1 1 attended	eceased 500
6. DATE OF BIRTH (month,	Se	pt.29.1	.864	Light saw has alive on	; death is said
7. AGE Years	Months	Days	tf LESS than	to have occurred on the date stated above, at 10.30 m.Pm	, udatii 13 saii
68	6	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or	narticular	1	ormin.	were as follows:	Date of onset
kind of work dor	ie, as SPINNER.	Carpent	er	Ostes- Jarcoma of	low the
9. Industry or business	in which			Ostes- Jarcoma of a	1
9. Industry or business work was done, a SAW MILL, BANI	K, etc.			7 7	=======================================
	nonth and	11. Total ti	me (years) nt in this		}
year)			palion	Other Coutributory Causes of importance:	
12. BIRTHPLACE (cily or tow	n)	Md		1 11 ,	
(State or country)	-	1 7		Chronic myocardites	about
置 13. NAME Hen	ry Brot	emarkle			
13. NAME Hen	town)	~~~~~~~~~~	Md	Name of oporation Date of	
(State of country				What test confirmed diagnosis? Was there an ac	ulopsy? M
15. MAIDEN NAME	Emma. F			23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or	town)	Md		Accident, suicide, or homicide? Date of injury	, 19
1 (State of Country				Where did injury occur?	
17. INFORMANT	Thomas			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
(Address)	Cumberla	nd. Md			
18. BURIAL, CREMATION, OR REMOVAL PlacGree • Mount Date April • 2 • 1933			1 0 1077	Manner of injury	
Place 1 CC • IVI			T. C. HA 22	Nature of injury	
to UNDERTAKER	John.C.W	olford		24. Was disease or Injury in any way related to occupation of deceased?	
t9. UNDERTAKER (Address)	cumperi	and. Mo		If so, specify	
20 FUED Parel 3	19330Ra	rues TV	(Meis)	(Signed) 15711- Orevaskes	
ZO, ITELDITIES DESCRIPTION	-1 402-2-2-2-2-	9-7 1-1-	The same of the sa		

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH 000 should tem-of County Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) 0 Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.__ yrs.....ds statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) an Widowe (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBANDO 22. HEREBY CERTIFY. That I attended deceased from PERM 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months If LESS than proper Days to have occurred on the date stated above, at 3 - 2 ni stated I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were as follows Date of onset Trade, profession, or parlicular kind of work done, as SPINNER, IIIS TION Jo SAWYER, BDOKKEEPER, etc. back PA Industry or business in which work was done, as SILK MILL, 7 may Inous occui SAW MILL, BANK, etc 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this occupation_ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied terms HER 13. NAME FATI See plain 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis?_ Was there an au'opsy? A. Q HER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following in 0 Accident, suicide, or homicide? Date of Injury 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?. be (Specify city or town, county and State) 1 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT A Hould rery (Address) OF 18. BURIAL, CREMATION. DR REMOVAC Manner of injury USE Place ---- Date. Mar 23, 1953 mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). 20. FILED ... 19. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

ARGIN

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ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY PHYSICIAN
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STATE OF MARYLAND-	CERTIFICATE OF DEATH 02406
1. PLACE OF DEATH County ALLEGANY	Registration Dist. No.
Village or City CIIMBERLAND, MD.	No. MEMORIAL HOSPITAL St., 6-/ Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s. I ds. How long in U.S. if of foreign birth? yrs
2. FULL NAME JOHN M.CAGE	
(a) Residence: No. ALLEGANY COUNTY HOME (Usual place of abode)	St., Ward. CUMBERLAND, MD. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 19, 1933 (Month) (Day) (Year)
Sa. If married, widowed of divorced HUSBANO of (or) WIFE of	22. 3 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) APRIL 27, I843 7. AGE Years Months Days If LESS than	I last saw h alive on 10; 40 P. II.
89 10 22 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oste ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this oscupation (month and year) 11. Ital time (years) 13. Trade, profession, or particular kind of work down as SPINNER, SAW MILL, SAW MILL, SAW MILL, BANK, etc. 14. Oate deceased last worked at this oscupation (month and year)	Browsho - Phennin 3/18/2
12. BIRTHPLACE (city or town) // Va (State or country)	Other Coutributory Causes of importance:
13. NAME	Dog (No operation
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis?
15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) MEMORIAL HOSPITAL (Address) (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL Com Oate Dray 21, 193.	Manner of injury Nature of injury
19. UNOERTAKER TONIS Stein Jack (Address) 20. FILEDARA 20. 19-33 Daniel Man	24. Was disease or injury in any way related to occupation of deceased? 200 grades of the so, specify (Signed) MD
Registrar. DR. WILLIAMS If more blanks are needed, address State Registrar	(Addiese Flander V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsot
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAT Y.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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item of infor-

1	. PLACE O		тн	1 1717 (1)	vuiside o	(13)	407
	County		Allegany		ity Limit	Registration Dist. No.	1
	Village or (city	umberla	nd. Md		No Rout 3	Ward
	Landh of our	:d !				f death occurred in a hospital or institution, give its NAME instead of street and	
				nder .Ca		s. ds. How long in U.S. if of foreign birth? yrsm	nos. as.
-2	. FULL NA	ME	PT C.A.C.I	iluei •oa	mbherr	0///	2 /
	(a) Resider	ice: No	157	(Usual place	of abode)	St., Ward. Levellerland, If nonresident give city or town and	d State
	PERSON	IAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	ale		hite	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH Mar. 13.1933	, 193
5a.	It married, widow	ved. or div	rced			(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	Ida	Campl	bell		22. I HEREBY CERTIFY, That I attended	deceased from
6	DATE OF BIRTH	(month da	v and vear) Ji	aly 17	.1855	I last saw h alive on 19	
-	AGE Yes		Months	Days	If LESS than	to have occurred on the date stated above, at 3.45 mPm	
	77	,	7	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
_	8. Trade, profe	8. Trade, profession, or particular				Organis Next Deser	Date of onset
TION	kind of	kind of work done, as SPINNER, Retired			d	Droped wheat, had not	74
OCCUPAT	9. Industry or	business i		irman.	In Brick	here meet for lever you	-
CC	10. Date deceas	ed last wo	rked at	11. Total ti	me (years)		-
0		pation (mo	onth and		ntin this		
	DIDTIIDI AGE (-)		Cana	e h e		Other Coutributory Causes of importance:	
12.	BIRTHPLACE (ci	, ,)	244		Chronis Monghli Diens	
œ	13, NAME	Aro	h. Campl	2011		arterilos	214.
FATHER			own) Ca				
FA		E (city or to r country)	own)9	arreiue.		Name of operation Date of	4
2	15. MAIDEN NA		Dont F	(now		What test confirmed diagnosis? Was there an	
THE				Don	t Know	23. If death was due to external causes (VIOLENCE) fill in also the following	0
MOT		E (city or to r country)	own)		0 1111011	Accident, suicide, or homicide?	, 19
	(State of		Raymond	1. Coll	ina	Where did injury occur? (Specify city or town, county and Sta	ile)
17.	(Address)		erland.			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
18.	BURIAL, CREMA	TION, OR	REMOVAL	16	- 35 307	Manner of injury	
	Place POI	L AS	not wva	DateMa.	r.15.193	Nature of injury.	
19	UNDERTAKER (Address)	Joh	n.C.Wolf	ford Id. Md		24. Was disease or Injury in any way related to occupation of deceased?	no
20.	FILED Plane	W14.	19.23 M	Varuey	My Diese Registrar.	(Signed) Lhast flower from Mul	M. D
			If more b	lanks are needed, a	ddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	in the state of th	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z. B.

16. BIRTHPLACE (city or town) (State or country

18. BURIAL, CREMATION, DR REMOVAL

Pla Davis . Memora]

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

Alton.

Chaney

John.C. Wolford

Cumberland.

	STATE OF DEATH Allegany	City	Registration Dist. No.	02408
	Village or City Cumberlar	(I ath occurredyrs,mos	ND. Rout 4 St., f death occurred in a hospital or institution, give its NAME instead of street and	
Links	(a) Residence: No. /3 ##	(Usual place of abode)	St., Ward Cumblerland If nonresident give city or town a	nd State
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX Female 4. COLOR OR RACE White	s. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Single	21. DATE OF DEATH Mar . 10 . 1933 (Month) (Day)	, 193 (Year)
Ja	HUSBAND of (or) WIFE of		22. Au HEREBY SERTIF That I attend	
6.	DATE OF BIRTH (month, day, and year)	Jan.16.1933	Hast saw hand alive on much y 193	3; death Is seid
_	AGE Years Months 1	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5 . 15 Pm	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (years)	Congental Valvales hepri de sasse	Date of onset
-	this occupation (month and year) BIRTHPLACE (city or town) (State or country)	spent in this occupation md	Dther Coutributory Causes of importance:	
ER	13. NAME Alton. Char	ney		
FATHER	14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of	
ER	15. MAIDEN NAME Mary . Malc	ne	What test confirmed diagnosis? Was there a 23. If death was due to external causes (VIDLENCE) fill in also the follow	
MOTHER	16. BIRTHPLACE (city or town)	To a second	Accident, suicide, or homicide?	

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE O	F MARYLAND—	CERTIFICATE	OF DEATH	02410
1. PLACE OF DEATH	N CORPORATE	LIMITS OF	Desire the Breek	G
Village or City Tunk		No.	Registration Dist. No	St. Ward
		death occurred in a hospital or institu		of street and number)
Length of residence in city or town where d	eath occurred yrs mos	ds. How long in U.S. if o	f foreign birth? yrs	mos ds.
2. FULL NAME of anna	Mark on	rdan.		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city	or town and Sinte
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL C	ERTIFICATE OF D	EATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	.3 . 9	2 2 -
Male Mute	Hedowed		(Month) (Day	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Condon	22. FIHEREBY	CERTIFY, That	l attended deceased from
6. DATE OF BIRTH (month, day, and year)	cht 26 1854	I last saw h_ Localive on)	narrew 3-	, 195.3.; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date state	4	
78 5	7 or min.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of impo	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Watch	100011-1	LOTOL SIA	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1 72.	- Sanda St. M. M. S.		
SAW MILL, BANK, etc.	al Manya	- We her	me.	
10. Date deceased last worked at this occupation (month and 10 4)	11. Total time (years) spent in this occupation			
		Other Coutributory Causes of impo	ortance:	
12. BIRTHPLACE (city or town) (State or country)	ml	andro	ranosis	/2 1
13. NAME Thomas	Condon			
14. BIRTHPLACE (city or town)	knows	Name of operation		- Date of
(State of country)		What test confirmed diagnosis?	W	as there an au'opsy?
15. MAIDEN NAME Un h	arren .	23. If death was due to external cau		
16. BIRTHPLACE (city or town) (State or country)	h	Accident, suicide, or homicide? Where did injury occur?	Date of in	jury, 19
m. Tu	+ Roll	Specify whether injury occurred in	(Specify city or town, cor	unly and Stale)
17. INFORMANT/Mas Must fact. (Address)	The	apolity miditor injury occurred in		TODETO TENOE.
18. BURIAL, CREMATION, DR REMOVAL	700	Manner of injury		
Place Throughout	Dale / / Dasche 6 -, 1935.	Nature of injury		
19. UNDERTAKER J. J. Douce	7	24. Was disease or injury in any w	ay related to occupation of d	eceased?
(Address) (Brostle	19.4 De. 11	If so, specify	2 x x x	
20. FILED 4, 19 53 G	Registrar.	(Signed)	Frasi	M.O
If more l	blanks are needed, address State Registrar,	17	equesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02411
	1. PLACE OF DEATH WITHIN CORPORA	ATE LIMITS OF
ij	County Allegan	Registration Dist. No.
	Village or City Combelland (III	No. 109 S. Smallwood St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred . Deyrs	ds How long in U.S. if of foreign birth? yrsmos ds.
	2. FULL NAME Peter Sitson 60	num
	(a) Residence: No. 109 & Smallwood	St., / Ward.
	(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If namesident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH MA WOULD A A A
	Inale Whate maneed	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	22 41 11 5 15 5 7 7 7 5 7 7 7 7 7 7 7 7 7 7
1	(or) WIFE of harmie house	March 18 1933 to Much 21 1933
	6. DATE OF BIRTH (month, day, end year)	Hast saw him alive on March 21 , 1933; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.0m.
	56 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
	8. Frade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Lokor Inlimoura
	9. Industry or business in which	
	work was done, as SILK MILL / atur / Lefarthalms	
	10. Dato deceased last worked at this occupation (manth and 10.33 spent in this year)	
	1 1 1 1 10	Duner Contributory Causes of importance:
	12. BIRTHPLACE (city or town) Armittal fund (State or country)	grand regretation
	13. NAME Peter S. Cranden	
	14. BIRTHPLACE (city or town)	Name of operation Would Date of
	(State of Country)	What test confirmed diagnosis? Thymus Churwas there an autopsy?
	15. MAIDEN NAME Ingagnet fatter	23. If death was due to external causes (VIDE ENCE) fill in also the following:
1	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19
	(State or country) Unknown	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT A Condens (Address) Canduland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL)	Menner of injury
	Place The Dete Dete 1900	Nature of injury
1	19. UNDERTAKER Konno Styring Jac.	24. Was disease or injury In any way related to occupation of deceased?
	(Address) lumbregland	If so, specify AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	20. Ext. March 2. 3. 1933 Charvey ON Daise Registrar.	(Signed) A Color M. D. (Address) 122 Bld fru A- Color D.
	If more blanks are needed address State Registrar	2422 N. Charles Street Relimore Persenting (7) S. No

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE EC	REURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAULTU	IV PUBLISH	CY ATTENDED TO THE TOTAL TO	42.4	I II I DI CIZIA

S. No. 1

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PLACE OF DEATH County Alle-aug	STATE OF MARYLAND CERTIFICATE OF DEATH
County Olling and	Registration Dist. No.
Village or City W Quof! (No.	St: Ward) (If deeth eccurred in a hospitel or institution, give its NAME in
2FULL NAME Jatience C	orfuld stood of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MALCA 27, 1983. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last sow h Wolive on March 2 7, 1925
7 AGE If LESS than	and that death occured on the date stated above, of J. J. J. J. m
8 yrs	The CAUSE OF DEATH * was on follows:
e occupation (a) Trade, profession or particular kind of work	myo cardial week west
(b) General nature of industry business, or establishment in	(Duretion), yes, some de
which employed or (employer)	Contributory Spilette
9 BIRTHPLACE (State or country) England	Secondary (Duretion) yre mes d
10 NAME OF RATHER audrew Jasth	(Signed) A
of FATHER Z (State or country) England	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homieldal.
of MOTHER From Co Worter	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country) Ory Card	ients or Recent Residents) At place In the of death yismosds. State yis mos. d Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) mal blos Baxes	Former or usual residence
(Address) Of Hawge Ind.	Foraconing Me mar. 291933
15 Filed 3/2 7 1983 A Destitution	John Wolford Puntuland me
If more blanks are needed, eddress State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning chillness. If retired from household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Cure should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DI EASE CAUSING DEATH guged in domestic service for wages, as Squant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive whatever, write None. to report etc., without more precise specification as Day etc., Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on specifically the occupations of For persons who have no occupation persons enmaterial engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. L::amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheamonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstical nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomo, Sarcoma,, etc., ef (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably su cide. The niture of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritorities," etc. can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trans "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature cough; Chronic affection need etc. The contributory valvular heart disease; not be

If this cartificate is looked over thoroughly and all questions answered in devail, it will prevent further correspondence. At the data is essential and must be obtained before the cartificate is permanently filed.

(If death occurred im

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

a hospital or institution, give its NAME instand of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from Contributory Secondary (Duration) (Signed) M. D. *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place State .. of death yis. mos., Where was disease contracted, if not at place of death? usual residence. DATE OF BURIAL 20 UN

If mora blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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"Exhaustion," "Heart failure, "Shock," "Inanition," "Marcsmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telemus) may be stated under the head of "contributory" tions, such as "Asthenia," "Annemia" (mcrely symptomcausing (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping American Medical Association.) approved (Recommendations on statement of cause of curbolic acid - probably su cide. The nature of the injury, accident; Resover would of head homicide; Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL, or HOMIGIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; Chronic etc. The contributory valvular heart disease; Nomenclature not be

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Date of enset

2407-1-1928

Was there an

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	H	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1937	Peritonitis	3 days ago
EURHAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1933	Gastroenteritis	1 year

FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 924	14
1. PLACE OF DEATH	97	
County allegoners,	Registration Dist. No.	
Village or City The hart	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town where death occurred	. How long in U.S. if of foreign birth? yrs mos.	ds.
2. FULL NAME anna Engabelty	Junback.	
(a) Residence: No. Western Herry (Usurplace of abode)	St., Ward. If nonresident give city or town and Stat	le
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Temale White OR DIVORCED (write the word)	(Month) (Day) , 19	(Vear)
5a. If merried, widowed, or divorced		(1001)
HUSBAND of alexander C. Dunbrack	March 2nd, 133, to March 28	eased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. W. elive on March 2nd 1933; de	
6. DATE OF BIRTH (month, day, and year) 4 18 5 9 7. AGE Years Months Days If LESS than	To have occurred on the date stated above, at 9/5 %m.	oth is said
7 3 9 14 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	(Interior Selevosis) (ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Aouse work	Sentle By Chosis	932
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
Wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workod al this occupation (month and		
this occupation (month and year) spent in this occupation 50		
110	Other Contributory, Causes of importance:	133
12. BIRTHPLACE (city or town) (State or country)	Jasin Linux W	-100
13. NAME Anethe Come		
13. NAME Joseph Cost 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) M. Was	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Estenabelle a. Clock 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
X (State or country)	Where did injury occur?	
17. INFORMANT II aself Congression	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) of sales front ml.		
Place Proma N. Va. Date May 31., 1933	Manner of injury	
11000 110000 110000	Nature of injury	******
19. UNDERTAKER (Address)	24. Was disease or injuly in any way related to occupation of deceased?	1100
m 2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Norman Com	. M.D.
20. FILED Mar. 30, 1933 Mayor Registrar.	(Signed) (Address) (Ledmont 76.)	a. b.
If more blanks are needed, address State Revisionar		

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

AGE should be stated EXACTLY. PHYSICIANS should state

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE PLAINLY, WIT

V. S. No. 1 3. Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH	2415
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1. PLACE OF DEATH	780
County allegans	Registration Dist. No. 12
Village or City Mational Mis	. No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 - Jyrs.	mos. ds. How long in U.S. if of foreign birth?yrs mos
2. FULL NAME Buthamel A	und
(a) Residence: No. National Ms (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OB DIVORCED (write the	
5a. It married, widowed, or divorced HUSBAND ot (or) WIFE of and Dunn	22. I HEREBY CERTIFY, That I attended deceased fr mans 12th 1932 to mans 25th 193
6. DATE OF BIRTH (month, day, and year) man, 15, 1	146 I last saw h maile on march 2 4th, 1933; death is s
7. AGE Years Months Days If LES	
87 0 10 1 day,	Line I KINCIL ME CHOSE OF DEWILL and Legated danger of surbottance
8. Trade, protession, or particular kind of work done, as SPINNER,	Juffreyo 3/14
SAWYER, BOOKKEEPER, etc.	2.1/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this postulation (month and this postulation).	
10. Date deceased last worked at this occupation (month and) 11. Total time (years) spent in this occupation coupation to the spent in this occupation the spent in this occupation the spent in this occupation to the spent in the spen	6840
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Bisnelis pullimonica 9/16/
E 13. NAME James Dunn	<i></i>
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Treland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME mand Mc Henry	23. It death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Bray M Henge 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Seland	Where did injury occur?
17. INFORMANT James Dynne Agricul Miles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Prostburg mapate True 27	Manner of injury Nature of injury
19. UNDERTAKER & Boal Maddress) Language musik mis	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Mur, 26,19 33 R. 1/8 take	(Signed) m An corrupt 1 M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL	SPACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocaleritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
			1

BINDING

RESERVED

MARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PETERAL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		ESGL 9 243V	
Other contributory causes of importance:		Other contributory causes of importance:	
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(Address) 122 DI

Registrar.

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TREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARY	LAND-	CERTIFICATE OF DEATH	2,431
1. PLACE OF DEATH		(82-0)	
County allgany		Registration Dist. No	
	sig of	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurred	yrsmos.	ds. How long in U.S. if of foreign birth? yrs.	nosds.
2. FULL NAME Garvard	Ma	ranes.	
(a) Residence: No. Lynch Charles (Usual place of	abodot INO	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTIC	V	MEDICAL CERTIFICATE OF DEATH	
	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Tenna	nt Saidre	22. I HEREBY CERTIFY, That I attended Lug. 18 1931 to march 4	deceased from
6. DATE OF BIRTH (month, day, and year) PLNV, 111.	10/59	7 7 1	; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 1.40 A · m.	
73 3 24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	,	arterio selerosis	8/1/3/
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (republic and property).	Schwol		
D. Date deceased last worked at this occupation (pren) and year) 11. Total time spent occupation (pren) and the spent occupation occ	e (years) in this ation 5 yes		
12. BIRTHPLACE (city or town) — Manylane (State or country)	30	Dther Contributory Causes of importance	3/1/33
13. NAME An Oldar 14. BIRTHPLACE (city or town) anglar	rdyer	V-1	
14. BIRTHPLACE (city or town) anglar	rd	Name of operation Date of_	
(State of country)	7 1	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Martin Lych	pesson	23. If death was due to external causes (VIDL ENCE) fill in also the following	
15. MAIDEN NAME Marthur Proche	S	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Anal Osivals B. (Addrass)	auman	Where did injury occur?	ale) LACE.
18. BURIAL, CREMATION, OR REMOVAL	The star	Manner of Injury	
Place I ali till Consting Date Magne	ch 6,19 33	Nature of injury	
19. UNDERTAKER ALLO CICLIANIA (Address)	a that	24. Was diseasa or Injury in any way related to occupation of deceased?	
20. FILED 3/6, 133 2. Oon Jay	Registrar.	(Signed) M. On commott (Address) midland - md	M. D
If more blanks are needed, add	dress State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state Exact statement of OCCUPA-IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See Instructions on back of certificate. MARGIN RESERVED FOR BINDING should be stated UNFADING INK-THIS AGE mation should be carefully supplied. -WRITE PLAINLY, WITH V. S. No. 1

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County Alaskany Registration Dist. No. 6	
DAT I I I I I I I I I I I I I I I I I I I	
MA A I A MA.	Mar and
Village or City Instituting No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurred 42yrs, 10 mos. 26 ds. How long in U.S. if of foreign birth?	
2. FULL NAME Henry albert Sheet.	
3110111	
(a) Residence: Np. 32/ Walnut St., St., Ward. (Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	2
m. 1/2 / / / / / / / / / / / / / / / / / /	(Year)
5a. If married, widowed, or divorced HUSBAND of 22, I HEREBY CERTIFY, Thet lattended decea	and from
(or) WIFE of Carrie Such 2-1 1933 to 3-23	1933
6. DATE OF BIRTH (month, day, and year) afer. 25.1890 I last saw h. Lama alive on 3-33 geo. 19.33; dee	th is said
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, at 2.1m.	
42 10 26 I dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or perticular	e of onset
kind of work done, es SPINNER, Coal Munes 'areins of hime	?
kind of work done, es SPINNER, Coal Muncles SAWYER, BODKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month end	
SAW MILL, BANK, etc	
this occupation (month end spent in this 5-420 occupation 25-420	
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Malestand (State or country) Malestand	
W 13. NAME a sept of Street of.	
13. NAME Jaseph Sulf Sr. 14. BIRTHPLACE (city or town) With Scotia Neme of operation of another Date of	
(State or country) What test confirmed diagnosis Grates Was there an autops	y ho
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 23. If deeth was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Chate or country	19
where did injury occur?	
(Specify city or town, county and State) 17. INFORMANT Games Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address)	
18. BURIAL, CREMATION, DR REMOVAL Manner of injury	
Plece Hestern fort my Detern sul 26, 1933. Neture of injury	
19. UNDERTAKER S. S. Boal 24. Was disease or injury in any way related to occupation of deceased?	۵
(Address) Hesternkort ma. If so, specify	
20. FILED Mar. 26, 1933 A Standard (Signed) Sturb W. John	M. D.
Registrar. (Address)	G-1

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ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	STAUE FUR	FURTIER	DIT LYTHING TAY I D	A.7 A.	T TI T DI CITALIA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	L SPACE FOR I	FURTHER STA	TEMENTS BY PI	IYSICIAN	
		1.64			

V.S. No. 1 (-1)

NARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH NFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

STATE C	F MARYLAND—	CERTIFICATE OF DEATH 02424
1. PLACE OF DEATH	7 ALLEN CORPO	186-Q)
County alle	gary	Registration Dist. No.
Village or City	third	No. St., Wa
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? yrsmos.
2. FULL NAME Same	11 2: 2	lando.
(a) Residence: No.	The Flances St	Hard.
(a) nosidence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	forcet farden	22. 1 HEREBY CERTIFY, That I attended deceased for much 15 1933 to march 16 193
6. DATE OF BIRTH (month, day, and year)	ine 29-1875	I lest saw h_ saw alive on
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7.00 Am.
57 8	17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEEPER are	44 10	Shock and exposure late of or
SAWYER BUUKKEEPER etc	neal Market	t elemente de / of tours
9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc		following seender tof fell
10 Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	inte abdroloved Cellar.
	Ly and	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	alvi.	Jaserdions forther
W 13. NAME Meckel	Blanday	printe and the
14. BIRTHPLACE (city or town)	wide .	Name of operation Salura I levertion Date of 3-13-
(Stete or country)	M. A.ma	What test confirmed diagnosis? Clared Was there an au opsy?
15. MAIDEN NAME Barker	Shehen	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	wident	Accident, suicide, or homicide? Counter Date of injury 3 -14, 193
(State or country)	and mad	Where did injury occur? Engle Jaron '/4 hale 11.
17. INFORMANT Demos (Address)	Marden	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	O'm	Manner of injury Fell with open Cellar on League
Place producting	Date /// 19.33	Nature of injury Ilru lesentions scalp foul
19. UNDERTAKER (Address)	Tura met.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED. 3/18 , 19 33 C	a. R. Halker Registrar	(Signed) Allally Alghurar (Ardress)
15		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RITERATI V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The way fed feen whousted day before his discovery in the
clandored open celler ofmerly under & blufter house which has true
the evening 1 3-14-33 has drawed 48.m. 3-15-32 and their
+ bufet to me extreme Constitut of whoch from wonds & exposure.
hours repaired & shock treated. Efficient regard Consciousness

V. S. No. 1

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STIE OF MARYLAND—	CERTIFICATE OF DEATH 02425
1. PLACE OF DE	90
County allegany	Registration Dist. No.
Village or City Hesternfrost md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs/Qmos	ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Helliam George Na	isharae
(a) Residence: No. Westernhow, I'm!	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (puric the word)	21. DATE OF DEATH Mass. 4 1933.
5a. If married, widowed, or divorced	(Month) (Oáy) (Year)
HUSBANO of (or) WIFE of	22. nav FR 1933 to May 4 P 1933
6. DATE OF BIRTH (month, day, and year) april 18, 1932,	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
none 10 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) spent in this	
9. Industry or business in which	100
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Carries of importance:
12. BIRTHPLACE (cily or town) As Sunfett Ma	genta Seice dette
(State or country)	
13. NAME Server Harshbarger 14. BIRTHPLACE (city or town) Seed months	
14. BIRTHPLACE (city or town) Scedment	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME LETA MOUNTERS	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) - Parton	Accident, sulcide, or homicide? Date of Injury, 19
E (State or country) maryland.	Where did injury occur?
17. INFORMANT / Les best Stand de de	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Westerakert Rd.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Messelsapor. Date Mali 6 1920	Nature of injury
19. UNDERTAKER DEVIL S. Boal	24. Was disease or injury In any way related to occupation of deceased?
(Address) Westernboot ma.	If so, specify A. A. I.
20. FILED Mar. 6, 1933 Offarmbath	(Signed) All Streeting M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BURSAU V.	3		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. NFADING INK-THIS IS MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County tillegary WITHIN CORPO	DRATE LIMITS Registration Dist. No. 4
Village or City Constant	No. hum Hamfshire the 6- Ward
1/1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs mos, ds.
2. FULL NAME Innanch Hantin	
(a) Residence: No. 22m Hambahnse	April 2, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Homale Monte: 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Corn Wife of John Husband	22. I HEREBY CERTIFY, That i attended deceased from ,19, to ,19
6. DATE OF BIRTH (month, day, and your family 1847	l last saw h; death is said
7. AGE Years Months Days LLESS than	to have occurred on the date stated above, at 3 / m.
85 10 1 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic / Lycardetes
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year) spant in this occupation	
0	Other Contributory Causes of importance
12, BIRTHPLACE (city or town) (State or country)	Creensecuring
13. NAME (extrusive Pendiras)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mig / Vall & Immer (Address) Comments	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CHEMAPION, OR REMOVAL	Manner of injury
And Mydlas Cum Dato Mars. V/, 1933	Nature of injury
19. UNDERTAKER Anna Stern Inc.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 20 20, 1922 Registrar.	(Address in less and mot
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	1	Example II	
of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR. 6 0933	July 5,1927	Perilonitis	3 days ago
	EUREAU V.B.			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

back

instructions

very important

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Plece Cresaptown. Md

John.C.Wolford

Cumberland. Md

may

that

plain

DEATH

OF

CAUSE

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH Every item of hould Allegany County Cumberland. Md Village or City PHYSICIANS statement Geo.Hershberger 2. FULL NAME Cresaptown. CORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS

Registration Dist. No. Allegany Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. ... mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Mar. 4.1933 (Year) CERTIFY. That I attended deceesed from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Other Contributory Causes of importance What test confirmed diagnosis? 23. If deeth wes due to externel ceuses (FIOL NCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was diseese of injury in any way releted to occupetion of deceased? If so, specify

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Maried 5a, If married, widowed, or divorced HUSBAND of Mary . E. Hershberger (or) WIFE of June. 10.1873 6. DATE OF BIRTH (month, day, and yeer) 7. AGE If LESS than Months 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION 9. tndustry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc... Coal 10. Deto deceesed lest worked et 11. Total time (yeers) this occupation (month and 12. BIRTHPLACE (city or town). (State or country) FATHER Jacob. Hershberger 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Minerva. Schook OTHE Md 16. BIRTHPLACE (city or town) (State or country) Ira.McKinzey Cumberland. Rout (Address)

Mar.7.1933

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	MECENNESS	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURZAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02429
1. PLACE OF DEATH	94
County allegances	Registration Dist. No.
Village or City 21 askansky	No. St., Ward
(If Length of residence in city or town where deeth occurred9yrs,9mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
O D P N	dis long in coordinate and a second s
2. FULL NAME () and Jerry)	enne
(a) Residence: No. Mester who Mo	L St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Hall. Married	21. DATE OF DEATH Month Day (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h_sara_alive on_nearch_24, 1935 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 & p.m.
63 90 0 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this prograph and this program and the profession of the profes	Corum any Thrombosis 9,7933
9. tndustry or business in which work was done, es SILK MILL,	IN THE RESERVE OF THE PERSON O
SAW MILL BANK, etc. 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Wilkestand (State or country)	Office Countributery Causes of Importance.
13, NAME Bening Menash	
14. BIRTHPLACE (city grown)	Name of operation Date of
(State or county)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 3 Adam Pahaman	23. If death was due to external causes (VIOLENCE) fill to also the following:
15. MAIDEN NAME 2 dda Sahoonoo	Accident, suicide, or homicide? Dato of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT See C. Signing (Address) Wiston Front mg.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of tnjury
Place James Hill Date 9 May 1, 1933	Nature of injury
19. UNDERTAKER DS Body (Address) Bollopa md	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED May. 30, 19 33 asamples	(Signed) Joseph Friedman M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensy 1 wcek ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

3
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:	WITTEN	
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR

RESERVED

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dafe of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ngo	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

should state of OCCUPA-

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. TION is very important! See instructions on back of certificate. MARGIN RESERVED AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. PLAINLY, WIT

FOR BINDING

V. S. No. 1 m. ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	97
county allegany.	Registration Dist. No.
Village or City Wale Immutt	No. St., Ward
1.4 (If	death occurred in a hospital or institution, give its NAME instead of street and number) 3 O ds. How long in U.S. if of foreign birth?ytsmosds.
2. FULL NAME margaret Elizabeth	nartin
(a) Residence: No. Vale Summit-	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Lenale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
If married, widowed, or divocced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1932 to march /3 1933
6. DATE OF BIRTH (month, day, and year) Oct. 11 de 1868	Hast saw h & elive on march 12th 1923 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 8.104. m.
64 4 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (menth and spent in this pent in th	arterio salerosis 191/32
9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc	
year) 3.1/3.3 occupation 7.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city of town) 10 acc Swammy 12 (State or country)	
13 NAME Walter martin	
14. BIRTHPLACE (city or town) Ireland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & atharuic Higgure	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME & attracuil Higgurs 16. BIRTHPLACE (city or town) Scelaus	Accident, suicide, or homicide? Date of injury
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT mass may marting (Address) // all Jummet had	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I nichaelo Oate 3/15 , 1923	Nature of Injury
19. UNDERTAKER Mr. Hafer (Addiess) Trobulua Ind	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 1933 AR Walker Registrar.	(Signed) M. D. Arrustt M. D. (Address) Midland - Maryland.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore/Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerasis	400 6: 1985	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RUREAT	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH County Coun	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	34
Village or City Langth of residence in city-or-jown where double occurred. Langth of residence in city-or-jown where double occurred. Langth of residence in city-or-jown where double occurred. 2. FULL NAME (a) Residence 40. (b) AUL OUR OR RACE S. SEX 4. COLAR OR RACE S. SINCE, MARRIED, WINDOWED O(N) WIFE of Days IN LESS than I day. APT. 3. TAGE, profession, or particular S. Linde, profession, or particular S. SEX Nondriver or business in which was wis one as SIX. MILL No. No. S. Linde, profession, or particular S. SEX S. SEX 1. Linde in (years) S. Linde, profession, or particular S. Linde, profession, or particular S. SEX S. SEX Nondriver or business in which was done in sex SIX. S. Linde, profession, or particular S. SEX S. SEX S. Linde, profession, or particular S. SEX S. SEX S. Linde, profession, or particular S. Sex Six Six Six Six Six Six Six Six Six Si	1. PLACE OF DEATH	Ch. 1 - 5	95-F)	, I
Leagth of residence in city-er-lown where death occurred yes. Leagth of residence in city-er-lown where death occurred yes. Leagth of residence in city-er-lown where death occurred yes. S. H. March M. S. I of foreign birth? yes. mos. ds. Chappinese of aboba. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COUR OR RACE S. SINCLE MARRIED, WIDOWED OR NOVORCED Contribe the world? Sa. III married, widowed, or divorced HISSAND of Good of the Country of Cooperation	County Alleganify	units Limits	Registration Dist. No.	
Langth of residence in city-ar-town where death occurred yes. J. B. How long fin U. S. if of foreign birth? yes	Village or City Leave Turns			Ward
2. FULL NAME (a) Residence: Mo. (Umplished show) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, MIDWORD OR BLVORCED Comits the word OR BLVORCED Comits the word OR SINGLE MARRIED, MIDWORD OR SINGLE MA	Length of residence in city or town where death o			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DAY OR WINDOKED Committee words AND STATISTICAL PARTICULARS 5. SINGLE MARRIED, WIDOWED OR DAY O	2. FULL NAME	Jerome /2	Chenne	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLAR OR RACE 5. SINGLE, MARRIED, WIDOWED OR BLYOKED Carrier the word 5a. If married, widowed, or divarged HUSBAND of (c) Wilf of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1, day,		Thurstolage of abode)		mil
Sa. If married, widoved, or divarced NUSBAND of Nusband	the state of the s			TC .
Sa. If married, widowed, or divorced NUSANDA (widowed, or divorced Or) WIFE of Or) WIFE or Or) WIFE of Or) WIFE or	11.00	R DAVORCED (write the word)	march 27	33
NUSSAND of (or) WIFE of 1 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days ITLESS than 1 day. hrs. for. min. 8. Trade, profession, or particular to have occurred on the date stated above, af J. Afm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were so follows: 8. Strade, profession, or particular to have occurred on the date stated above, af J. Afm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were so follows: 8. Strade, profession, or particular to have occurred on the date stated above, af J. Afm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were so follows: 8. Strade, profession, or particular to have occurred on the date stated above, af J. Afm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were so follows: 9. Industry or business in which work was done; as STLK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased fast worked et to the profession of the pr	5a. If married, widowed, or divorced	2) warced	(Month) (Day)	(Year)
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than to have occurred on the date stated above, at O. J.	HUSBAND of	LEEP ET		
To AGE Years Months Days If LESS than 1 day, hrs. or min. If Less than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWMILL, BAKH, etc. 10. bate deceased last worked at this occupation month and year) (State or country) The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Were as follows: SAWYER, BOOKKEPER, etc. SAWMILL, BAKH, etc. 10. bate deceased last worked at this occupation of the date stated above, at Cause of Importance were as follows: SAWYER, BOOKKEPER, etc. SAWWILL, BAKH, etc. 10. bate deceased last worked at this occupation of the date stated above, at Cause of Importance were as follows: SAWYER, BOOKKEPER, etc. Other Costributory Causes of Importance: Other Costributory Causes of Importance: Other Costributory Causes of Importance: What test confirmed diagnosis? Was there an aulopsy? Saccident, suicide, or homicide? Date of Injury. Where did Injury occur? Specify whether Injury occur? Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CAUSE OF DEATH and related causes of Importance were as follows: What test confirmed diagnosis? Was there an aulopsy? Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. 11. Total time (years) Specify course of Importance there as follows: What test confirmed diagnosis? Was there an aulopsy? Specify city or town, county and State? Specify city or town, county and State? Specify city or town, county and State? Specify city or town	C DATE OF BIRTH (month day and year Hele	17 1872		,
1 day. hrs. or min. hrs. or min. hrs. or min.				89 (II 12 23IC
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. Shawkeper and spin spin which work was done as SPINNER, SAW MILL, BANK, etc. Shawkeper and spin spin spin spin spin spin spin spin	61	, ,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
12. BIRTHPLACE (city or town)	8 Trade profession or particular		Organico Reart	ate of onset
12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc.	aborer	Durease	
12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.			
Other Contributory Causes of importance: Other Contributory Causes of i	- 1 this occupation (month and	11. Total time (years) spent in this		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. Date 3 7, 19. Secify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 19. Manner of injury 19. UNDERTAKER 19. Manner of inju		Carlo D	Other Coutributory Causes of importance:	
13. NAME 14. BIRTMPLACE (city or town) Date of What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy? Was there an aulopsy? What test confirmed diagnosis? Date of injury		nerlang mod	alalkona	
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED MARK & S. 1933 Rakkey & S. 1		Sensie)		
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED MARK & S. 1933 Rakkey & S. 1	14. BIRTHPLACE (city or town)		Name of operation Date of	
Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Course Date Date Date 2. 7, 19 23 Nature of injury 19. UNDERTAKER (Address) 20. FILED Atom 28, 1933 Ranner of M. 9. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. If so, specify (Signed) (Signed) (Signed) (Signed) (Signed)	(Stete of country)	nkasevn)	What test confirmed diagnosis? Was there an aulo	psy?
Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Course Date Date Date 2. 7, 19 23 Nature of injury 19. UNDERTAKER (Address) 20. FILED Atom 28, 1933 Ranner of M. 9. (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. If so, specify (Signed) (Signed) (Signed) (Signed) (Signed)	15. MAIDEN NAME unkna	ww	23. If death was due to external causes (VIOLENCE) fill in also the following:	
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17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Control of	(State or country)	nknown	Where did injury occur? (Specify city or town county and State)	
Place Causing Date 3 29-, 19-23 Nature of injury 19. UNDERTAKER (Address) 20. FILED Atom 28, 1933 Range of Street Control of Company (Signed) (Signed) (Signed)		a Tenge	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed)	11		Manner of injury	
20. FILED Atom 28, 1933 Ranney 18 Decision (Signed) English Company Mr. 9.	Placetaurs Muss. Dat	e 3 - 00 9-, 19 93	Nature of injury	· · · · · · · · · · · · · · · · · · ·
20. FILED atom 28, 1933 Ranney 78 Decis (Signed) Energy 1 200 1900 1900 1900 1900 1900 1900 190		Walfand		
20. FILED . C. C. C. C. D. 1900		Marino Ma		Jan 10
	20. FILED 121. CM 048, 1933 Mare	Registrar.		

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County allegancy.	Registration Dist. No.
Village or City Westernal	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred//_yrs/mos.	1/.
2. FULL NAME of oward by sel	& Mishael
(a) Residence: No. 109 Walnut (Usual place of abode)	St., Ward. If wonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) Mile Mile	21. DATE OF DEATH (Month) (19 (193, 3) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of anne muchael	22. I HEREBY CERTIFY, That I attanded dacaased from
6. DATE OF BIRTH (month, day, and year) 1901/1993 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h 177 aliva on march, 1939; death is sai to have occurred on the date steted above, at 8:30 P,m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased lest workad at this occupation (month and this contact in this securation (month and this occupation (month and this occupation (month and this occupation).	were as tollows: Date of onse 1925
1D. Date deceased lest worked at this occupation (month and year) / 4.29 11. Total time (years) spent in this occupation (country) 12. BIRTHPLACE (city or town) 21. State or country)	Other Contributory Causes of importance:
13. NAME Searge Thomas michael	
13. NAME Seoge Thomas Michael 14. BIRTHPLACE (city of town) Mestry front (State or country)	Nama of operation. What test confirmed diagnosis? Examination Was there an autopsy?
15. MAIDEN NAME Sech Matchildy Petermon 16. BIRTHPLACE (city or town) Jewyltown (State or country) 17. INFORMANT Stewart Michael (Address)	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Lilor Cornellery Date Mar 22, 1933	Mannar of injury
19. UNDERTAKER LOS Salar Jacobs La Com 20. FILED Mar. 21, 19-35 a Jacobs La Registrar.	24. Wes disaase or Injury In any wey related to occupation of decaasad? MS If so, specify (Signad) (Address) Tiedmont W. Vo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis Run over by street car 1 week ago Chronie interstitial nephritis 1921 July 5,1927 Peritanitis 3 days aga Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis 1 year Gallstones May 1.1923

ADDITIONAL	SPACE F	OR F	URTHER	STATEMENTS	BY	PHYSICIAN
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should state

stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

02437

1. PLACE OF DEATH		93-c	
County allegun	en,	Registration Dist. No. 6	
Village or City		death occurred in a norphalor mathunon, give its INAINE instead of siree	
Length of residence in city or town where	death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs	mosds.
2. FULL NAME	to matilde	6. Mishael	
(a) Residence: No	Waxnus (Usualplace of abode)	St., Ward. If nonresident give city or tow	n and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	ГН
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	., 193 <u>3</u> (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Slough T	Michael	22. I HEREBY CERTIFY, That I atte	1933
6. DATE OF BIRTH (month, day, end year)	eft 6 1851	t tast saw her alive on march 12,19	39 death is said
7. AGE Years Months	Days If LESS then 1 dey,hrs.	to have occurred on the date stated above, at. 7. 5.6 cm. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8116	7 ormin.	were as follows:	Date of onset
8. Trade, proféssion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	House - work.	took myseordetes	1932
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.			
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yeer)	11. Totel time (yeers) spent in this occupetion		
12. BIRTHPLACE (city or town)	ge town	Other Contributory Causes of importance:	
E 13. NAME Decob	Etermoni	Orterioselirases	1930
H I4. BIRTHPLACE (city or town)	k	Neme of operation Determined Dete	e of
(State of country)	One	What test confirmed diagnosis? Was then	e an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Ramsey	23. tf deeth was due to externel causes (VIOLENCE) fill in elso the fol Accident, suicide, or homicide? Date of injury	
17. theoreman Than It a land (Address)	Smith	Where did injury occur? (Specify city or town, county as Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place M	eton mon / 619 3	Manner of injury	
19. UNDERTAKER (Address)	and d	24. Was disease or Injury in any way releted to occupetion of decease	d? 24
20. FILED Mev. 15, 1983 0	Populated Registrar.	(Signed) Berry (Address) Sie Amand	24 1/2 M. D.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEAT
	County Alegany	Registration Dis
item of should of OCC	Village or City POLITY	No. death occurred in a hospital or institution, give its NAME is
- 00	Length of residence in city of lown where death occurredyrs	
Every CIANS tement	2. FULL NAME Hary Auchil	
	(a) Residence: No. 172 W. Hechanic	St., Ward.
RECORD. PHYSI Exact state	PERSONAL AND STATISTICAL PARTICULARS	If nonresident giv
REC Exa	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T.X.	OR DIVORCED (furite the word)	(Month)
NEW CATA	5a. If married, widowed, or divorced HUSBAND of	
MAN A C assifi	(or) WIFE of Joseph M. Millial.	22. HEREBY CERTIFY.
ERM EX cla	6. DATE OF BIRTH (month, day, and year) March 22 -187:	I last saw h_20 alive on Feli-2,
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes were as follows:
HIS be pe of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ahus-Carolite
VK—T should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	(Chrones)
3 4 5 0	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
NFADING pplied. AGI erms, so that	12. BIRTHPLACE (city or town) OMA VANG (State or country)	Combonie
UNFA supplied n terms, ee instru	13. NAME Charles Coden	
Sair	14. BIRTHPLACE (city or town) England	Name of operation
WIN refull in pl	15. MAIDEN NAME Selinas Oxitchard 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill le
LY, car TH ports	16. BIRTHPLACE (cily or town)	Accident, suicide, or homicide? Dat
II E P II	17. INFORMANT Mrs Margie Wishel (Address) /2 7. W. Minon St.	Where did injury occur?(Specify city or to Specify whether injury occurred in INDUSTRY, in HOME
E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
RITE tion s USE ON is	Place the Cy Clerk pate Sebr. 3, 1933	Nature of injury
ma CA TIC	19. UNDERTAKER Jacof Honser (Address) Trionthuro : M. H.	24. Was disease or injury in any way related to occupation
Z Z	20. FILED 3/3 , 1923 O. R. Walker Registrar.	(Signed) (Address) JEG
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

23-0	0
Registration Dist.	No. 9
	St. Ward
ial or institution, give its NAME inste	ead of street and number)
in U.S. if of foreign birth?	yrs mosds.
d. If nonresident give o	ally or lown and State
ICAL CERTIFICATE OF	DEATH
EATH 2	1
(Month)	(Day) (Year)
(wonth)	(Day) (Tear)
REBY CERTIFY.	
27 ,4933,10 Je	1 - 27 - 19 83
alive on JEU - 27	, 198 3 ; death Is said
e dale stated above, at	.m.
SE OF DEATH and related causes of	
	Date of onset
-Carolilia	7
-Gus Cannell	d
Marketter)	
uses of importance;	
11/2/4/16/	114
	Date of
agnosis?	18.5
external causes (VIOL ENCE) fill in a	
omicide? Date (
	71 Injuly, 19
(Specify city or town occurred in INDUSTRY, in HOME, o	, county and State)
occurred in INDUSTRY, in HOME, of	r in PUBLIC PLACE.
	CHARLES IN THE COLUMN
ry in any way related to occupation	2 // 1
6.7	1 %
	Cothe M.D.
7 7 2 2	M. D.

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RURMAU V. S.					
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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY, WIT

N. B.-

1. PLACE OF DEAT			(3)	
County Call	egany		Registration Dist. No. 12	
Village or City	gation	ral	NoSt.,	Ward
Length of residence in cit	v or town where de	ath occurredr	(If death occurred in a hospital or institution, give its NAME instead of street and numbers. ds. How long in U.S. If of foreign birth?	er)
2. FULL NAME	100 aga	it monton		
	1	il had	St. Ward	
(a) Residence: No		(Usuat place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AN	D STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
female ole	ult	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day) (Day)	3 (Year)
a. If married, widowed, or divor HUSBAND of (or) WIFE of	æed		22. 3/14 EREBY CERTIFY. That I attended decease	ased fro
5. DATE OF BIRTH (month, day	and year) ha	reh 14-1933	2/11	ath is sai
. AGE Years	Months	Days If LESS than	to heve occurred on the date stated above, at. 6 Pm.	
200		ormin.	ware as follows:	te of once
8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE	rticular as SPINNER,		Coplysia due is	14/3.
9. Industry or business in	which		purcupae new	
SAW MILL, BANK, e		Tarlatur (man)		
10. Oate deceased last work this occupation (mon year)	ith and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town). (State or country)	7	ial. md.	Other Contribotory Causes of importance:	
13. NAME Sulis	us Ma	aton		
14. BIRTHPLACE (city or tov	may	tingel. med	Name of operation	
(State or country)	NII)	A	What test confirmed diagnosis?	sv?
15. MAIOEN NAME	Seatrice	Hughes	23. If death was due to externat causes (VIOLENCE) fill in elso lhe following:	
16. BIRTHPLACE (city or tov	un) mia	claud - md	Accident, suicide, or homicide? Dete of injury	19
(State or country)	,	/	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT (Address)	us m	ola 1R-1-90199	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR RI	EMOVAL		Manner of Injury Probabese I cord cause unife	eye
Place Cellegan	y	Date 3/15 193	Nature of injury Cophylica	
19. UNDERTAKER (Address)	Losetin	Durch-	24. Was disease or injury In any way related to occupation of deceesed?	
THED May 15 1	72	ORA & take	(Signed) M. M. Durust	M.
FILED	9.6.2	Registrar.	(Address) midland - md	

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EUREAU V.S.	1					
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
		-X				

V. S. Mo. 1

21

S	TATE (OF MAR	YLAND-	CERTIFICATE	E OF DEA	HTA	02442
1. PLACE OF DEA	TH			(117-	2)		
County C. C.	le a a	ny	WITHIN CO	RPORATE LIMITS	Registration	Dist. No.	4
Village or City	ulni	herla	n d	No. Allea	any Ofr	speta Bly	Ward
Length of residence in c	itu or town where	death commend		death occurred in a hospital of in	stitution, five its NAM if of foreign birth?	E instead of street a	
Length of residence in c	La town where	death occurred	yrs, mos	/ us now long in o.s.	to or toreign pittin:	. yts.	mos. ds.
2. FULL NAME	- LOY	gel	Luge	2+4			
(a) Residence: No.	da	(Usual place	e of abode)	St., Ward.	If nonresiden	t give city or town	and State
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATI	MACO INC.	
SEX 4. COLC	OR OR RACE	5. SINGLE, MA OR DIVORC	RRIEO, WIOOWEO, ED (write the word)	21. DATE OF DEAT			. 193 F
. If married, widowed, or dive	reed	Ina	rred		(Month)	(Day)	(Yoar)
HILCOANO of		Jun	n	22. I HERE!	BY CERTIF	Y. That I altend	ded deceased front
DATE OF BIRTH (month, da	10		1951	I last saw h alive on	march 2	4 ,193	3 ; death is said
AGE Years	Months	Oays	If LESS than	to have occurred on the date :	stated above, at 6	Cenm	
30	3	5	l day, hrs.	The PRINCIPAL CAUSE OF D	EATH and related caus	ses of importance	10.4
8. Trade, profession, or p kind of work done, SAWYER, BOOKKE 9. Industry or business in	as SPINNER EPER, etc.	/	nill	Refronted 4	ustrie We	er	Date of onset
work was done, as SAW MILL, DANK,	SILK MILL, 2	vorh	er				2017
10 Oate deceased last wo this occupation (mo yoar)	rked at	11. Total	time (years) ent in this 3-yra	2.			
	7			Other Contributory Causes of	importance:		1
State or country)	mar	wedno	l.				Will Holls
13. NAME F	anh	my	ers			0.7	
14, BIRTHPLACE (city or to (State or country)	own)	100		Name of operation what What test confirmed diagnosis	Justelle	Gerfendes Date of	an autopsy? WU
15. MATOEN NAME	1-10	. 4	aslet	23. If death was due to external			
16. BIRTHPLACE (city or to (State or country)	Own)	med	1	Accident, sulcide, or homicide		Date of Injury	
. INFORMANT MACE	alfr	de	roves	Where did injury occur?	(Specify city of the din INOUSTRY, in He	r town, county and OME, or in PUBLIC	State) PLACE.
BURIAL, CREMATION, OR I		and the	and the	Manner of injury			
Place Mosco	w, mo	DataMor	rch 2619.33	Nature of injury			The state of the s
UNOERTAKER A	. Eic	heho	in med	24. Was disease er injury in an	ny way related to occup	pation of deceased?	no
Rarah 25	19.22 00	Varuey.	Mees. Registrar.	(Signed). (Address) 6. 2	-Buffer &	Comber	and und
	If more	blanks are needed.	address State Registrar	2411 N. Charles Street Baltimore	Requesting 7) S No	7	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.

MARGIN RESERVED FOR BINDING

STATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH			12-D 02	444
County Allegany	HIN COMP		Registration Dist. No.	
Village or City Frostburg			No. Miero Fosbetal SI	Ward
Langth of residence in city or town where dea	th occurred		death occurred in a hospital or institution, we its NAME instead of street and me. 4 ds. How long in U.S. if of foreign birth?	
			. 1 200 100 100 100 100 100 100 100 100 1	3, 43.
2. FULL NAME William Har (a) Residence No Mt. Sava		orris	C1 W2	
(a) Residence: No. Mt. Sava	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5 Male White	or divorcei Widwo	RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH 317 (Month) (Day)	. 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I attended fune 15193 = 10. Mar 17	
6. DATE OF BIRTH (month, day, and year) Aug	rust 12t	h 1866		: death is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the data stated abova, at 8-pm.	
66 7	5	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance wara as follows:	Date of onset
8. Trade, profession, or particular kind of work done as SPINNER			Right Hemiplegia	6-15-38
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Mes 9. Industry or business in which work was done, as SILK MILL, Sto SAW MILL, BANK, etc. Sto	chant		Pulmonary Congestion	
9. Industry or business in which work was done, as SILK MILL, Sto	re		Turnomary Congestion	112(4)326
10. Date deceased last worked at this occupation (month and year)		me (years) It in this I pation		
12. BIRTHPLACE (city or town) Mt Says	age. Md.		Other Contributory Causes of importance:	
13. NAME John William Non	rris			Mil
13. NAME John William No. 14. BIRTHPLACE (city or town) Allegation (Stata or country)	any Co.,	Md . ,	Nama of operation	minney?
E 15. MAIDEN NAME Nancy Elizabe	eth Will	.8	23. II daath was due to external causas (VIOLENCE) fill in also the lollowing	
I	any Co.		Accidant, sulcida, or homicida? Date of injury Whare did injury occur?	, 19
7. INFORMANT Ernest Norris			(Specify city or town, county and State Spacify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	
(Address) Mt. Savage 18. BURIAL, CREMATION, OR REMOVAL BUR		20	Mannar ol Injury	
act Comment	Date 3	7933	Natura of injury	
19. UNDERTAKER J. J. Chr.	x	Vn 1	24. Was disease or injury in any way related to occupation of daceased?	
20. FILED 3 20 19 53 Qu	R. Ma	iku Registrar.	(Signad) Mt. Savage	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		LES ATOMS	3
Other contributory causes of importance:		Other contributory causes of importance:	
tones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

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3. SEX

7. AGE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH HIN CORPORATE LIMITS Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. Length of residence in city or town where death occurred 2. FULL NAME St. 6 - 2 Ward (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) maries (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of EREBY CERTIFY. That I attended deceased from (or) WIFE of ale 19 wator et 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at along 5 a m Years Months Devs If LESS than I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 1D. Date deceased last worked et 11. Total time (years) this occupation (month end spent in this occupation Other Contributory Causes of Importance

What test confirmed dlagnosis?

OCCUPATION 12. BIRTHPLACE (city or town) (State or country)

FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or town) ___.

(State or country)

(Address) 18. BURIAL, CREMATION, OR REMOVAL

Level ____ Date__

19. UNDERTAKER .. (Address)

Accident, suicide, or homicide?______ Date of injury_________19____ Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury

----- Was there an autopsy?-----

24. Was disease or injury in any way related to occupation of deceased?

23. If death was due to external causes (VIOLENCE) fill in also the following:

If so, specify (Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			in the

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Other contributory causes of importance:	Vay 1,1923	Other contributory causes of importance: Gastroenteritis	. 1 year

V. S. No. 1

STATE OI	F MARYLAND-	CERTIFICATE OF DEATH 02447
1. PLACE OF DEATH		200-07
County	pary	Registration Dist. No.
Village or City	lmain	No. St., Ward
Length of residence in city of town where de-		f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos. ds
2. FULL NAME	n Ileoman	Porter.
(a) Residence: No.		St., Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	or DIVORCED (write the word)	21. DATE OF DEATH and 13 1933 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	Palla Posta	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	ay 10 1853	llast saw h alive on 19 death is sai
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
79 (0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession, or perticular	+ 1 .	no physician in attendance ourse. Date of onse
kind of work done, as SPINNER, Co. SAWYER, BOOKKEEPER, etc.	and mine	2
kild of Work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Il coal	Maura Causes
10. Date deceased lest worked at this occupation (month and	11. Totel time (years) spent in this	may further into + 1000
year)	occupation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town)		Office State of the percentage
(State or country)	na -	
13. NAME OUT 14. BIRTHPLACE (city or town)	rlu.	322-37
		Name of operation Date of
(State of country)		What test confirmed diagnosis?
15. MAIDEN NAME Mahal	_	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	.,7	Accident, suicide, or homicide?
7. INFORMANT GO. Por (Address)	tu Sud	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Date 3 /15 1933	Manner of injury
19. UNDERTAKER (Address)	b. Hose	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/14 , 19 3 3 Q.	R. Stather	(Signed) (Address) Frosthy md

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

BINDING

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arterioselerosis 1915 1921 Run over by street car 1 week ano Chronic interstitial nephritis July 5,1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
		GBAIGBBB	
Other contributory causes of importance:		Other contributory causes of importance	2:
Gallstones	May 1,1923	Gastroenteritis	1 year

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item of infor-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02450
	1. PLACE OF DEATH	
	County allegary	Registration Dist. No.
	Village or City Lygnustaning	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred 66 yrs,mos.	
	2. FULL NAME Jannes V.	Rowan
	(a) Residence: No. / Amanufueg, the	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4. COLOR OR RACE S. SHRGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)	21. DATE OF DEATH watch 27 (Month) (Oay) (Yeer)
	5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Elizabethe County	72. I HEREBY CERTIFY, That I attended deceased from
See instructions on back of	6. OATE OF BIRTH (month, day, and year)	Hest saw hain alive on March 27 1933; deeth is said
icat	7. AGE Years Months Oeys If LESS than	to heve occurred on the date steted ebove, at
rtif	66 9 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
	8. Trade, profession, or perticular kind of work done, as SPINNER.	Infected so II hall
	SAWYER, BOOKKEEPER, etc.	septimenya thom
back	9. Industry or business in which work wes done, es SILK MILL, Saw MILL, BANK, etc.	1933
	11. Total time (years) this occupation (month and	
	year) + equilibrium 4 3	Other Contribute Course of impostance
is very important. See instructions on back of	12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
	(Stete or country)	
	13. NAME Shichael Stonan	
see	4 14. BIRTHPLACE (city or town)	Name of operation Date of
02	(State of country)	What test confirmed diagnosis? Was I here an autopsy?_Uc
ant	15. MAIDEN NAME COMPLESE MY BEGINNERS	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
ort	[16. BIRTHPLACE (city or town) Leland	Accident, suicide, or homicide?
mp	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
TION is very important. See instructions on back of certificate.	17. INFORMANT ALLA LAGE NO LINE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Prostland I what Octo 1211 V. 30, 1933	Nature of injury
101	10 HMOPDTAKED ILL COURT LA LOSA	24. Wes disease or injury in any way releted to occupation of deceased?
T	19. UNOERTAKER (Address) (Address)	If so, specify Ince jured while at work
	3/19/3B ED (bestor) 127	(Signed) I thruy by Hodger M.D.
	20. FILEO PAR AS Registrar.	(Address) Londoning mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		CEVIED SA		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County Allegany, WITHIN CORPO	ORATE LIMITS (e) Registration Dist. No.
Village or City Cumberland Md.	No. Memorial Hospital St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	. 37 ds. How long in U, S, if of foreign birth?yrsmosds.
2. FULL NAME Tina Savage, (a) Residence: No. Hutton Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 2 I HEREBY CERTIFY, That I attended deceased from 2 - 8 - 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days tt LESS than 1 day,hrs. ormin.	2
8. Trade, profession, or particular kind of work done, as SPINNER, Student 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Maryland,	
13. NAME Ezra Savage, 14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation During of Abscissate of What lest confirmed diagnosis? They be a was there an au opsy? No.
15. MAIDEN NAME Bertie Friend, 16. BIRTHPLACE (city or town) (State or country) Marvland	23. It death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Memorial Hospital (Address) Cumberland Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIACETER A CHIEF OF THE STATE OF THE	Manner of injury
19. UNDERTAKER ATRALIAN WALL	24. Was disease of injary in any way related to Scupption of deceased? — If so, specify
20. FREGEREL 17, 1935 Harvey & Mainter.	(Signed) M. D. (Address) Lamberto D. 771

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.- The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1 Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 ucar

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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19. UNOERTAKER

(Address)

11/1/1933

	CERTIFICATE OF DEATH 02452
1. PLACE OF DEATH COUNTY ATTEMPT WITHIN CONTOR	AND STATES
COUNTY Adult & Shilly	TOSIGNATION DISC TO.
Village or City Cumberland	No. Memorial Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	. /2 ds How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Dr. William P. Shaw	
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH (Month) (0sy) 1937 (Year)
5a. It married, widowed, or divorced HUSBAND of (or) HEFriett Shaffer Shaw 6. DATE OF BIRTH (month, day, and year) Sept. 13, 1865	22. HEREBY CERTIFY. That I attended deceased from 1-23-, 1923, to 3-13-, 1933. death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as StLK MtLL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chr. hephythis with hiphythion
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	A () A
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributory Causes of imbdrtance:
13. NAME George Shaw	
13. NAME George Shaw 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Comments of the Comments of
置 15. MAIOEN NAME Harriett Potter	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Harriett Potter 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT 17. INFORMANT (Address) Called Level 17. Information of the level 17. Information of the level 18. In the level	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREDATION, OR DEMOVAL	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

If so, specity

(Signed)

(Address)

24. Was disease or injury in any way related to occupation of deceased?

Man 16, 1933

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

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Example I	D. C. Carlotte	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	,	
Gallstones	May 1,1923	Gastroenteritis	1 year	

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH ()2453
County Allegany	(63)
Village or City Hentstone R. 7. N	Registration Dist. No.
	MO. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Iller M. Thile	y Shipley
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (wine the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(101)
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 72/. 16, 1933	I last saw here alive on Fig. 22 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at // P m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, at Lance SAWYER, BOOKKEEPER, etc.	uckels my
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
me a part	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - f tauf lund	
13. NAME Stauley R Shipless	
13. NAME Starley N. Shipley 14. BIRTHPLACE (city or town)	Name of everation
(State or country)	Nama of operation Date of Was there an autopsy?
15. MAIDEN NAME Mabellakers	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mabels akers 16. BIRTHPLACE (city or town) Constant	Accident, suicide, or homicide? Date of injury 19
E (State or country) emsylvama	Where did injury occur?
17. INFORMANT I rice Ahipley (Address) R.D. Flintstone ml	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place turveled lyn Date Mar 9 , 1933	Nature of injury
19. UNDERTAKER Eph Smith (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 14076 8, 1933 To 1 1 1 1 Registrar.	(Signed) J. a. Walson M. D. (Address) Hancock M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:		
			Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921 .	Run over by street car	1 week ago	
Cerebral hemorrhage	- Ara v Ba	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				-	

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STATE OF MARYLAND-CERTIFICATE OF DEATH Walk item of infor-OCCUPA-1. PLACE OF DEATH Allegany should Registration Dist. No. Clarysville . Md Village or City (If death occurred in a hospital or institution, give its NAME instead of freet and number) S Length of residence in city or town where death occurred vrs. mos. ds. How long in U.S. if of foreign birth? statement Adam.C.Smith. 2. FULL NAME (a) Residence: No. Clarysville CORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH Mar. 14.1933 Male White (Month) 5e. Il married, widowed, or divorced HUSBAND of Smith Rebecca. 22. CERTIRY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Aug. 12.1850 certificate death is said 7. AGE Months II LESS than Days to have occurred on the date stated above at 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and retated causes of importance were es lollows Oate of enset 8. Trade, profession, or particular NO kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc OCCUPATI may 9. tndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et no 11. Total time (years) this occupation (month and spent in this that occupation. instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) David. Smith FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_ Dont Know important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in MOTH Dont Know 16. BIRTHPLACE (city or town) ___. DEATH (State or country) Where did injury occur? Saly Stafford (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 2 Cumberland. Md Rout OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Date Mar. 17.1933 Place Rose Hill mation Nature of injury John.C. Wolford 24. Was disease or Injury in any way related to occupation of deceased? 19. UNOFRTAKER Cumberland. Md (Address) If so, specify 8 (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1001 8 441	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECENED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12457
1. PLACE OF DEATH WITHIN CORT	PORATE TIMITE (22-00)
county flequary of	Registration Dist. No.
Village or City Just 600 Careed Mol	No. 60 9 STLEM DT St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occorred 33 yrs. 4	
2. FULL NAME MANGONY A. OSOLOGO	Y
(a) Residence: No. 609 Norsen of	St, / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Varie the word)	21. DATE OF DEATH (Month) 1933 (Year)
a. If married, widowed, or divorced HUSBAND of Frances of Good of June of Midow of M	22. I HEREBY CERTIFY, That I attended deceased from 1932, to 2 12 1937
DATE OF BIRTH (month, day, and year) 1848 Oct - 16	Glast saw h alive on Marsh 1933; death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at /030_m The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, at Sawyer, BOOKKEPER, etc.	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	10/33
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation.	
2. BIRTHPLACE (city or town Le esburg, (State or country)	Other Contributory Causes of importance:
1	/
200	N
14. BIRTHPLACE (city or town) 2 25 5 479	Name of operation
15. MAIDEN NAME Cynthiaty marky	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Cyssthiat Ann Try (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
7. INFORMANT LILY J. Speux	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Nose Hick Lewistry Date March 20, 1900.	Manner of injury
9. UNDERTAKER S. Setter (Address) Emiserand Md	24. Was disease or injury in any way related to occupation of deceased?
o Richarch 20, 1933 Harney & There	(Signed) flan Slave M. D. (Address) ff Sam Caught Luce
If more blambe are moded address State Pensey and	and M. Charles Sand Balance Description Description

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS Exact statement

stated EXACTL properly classified.

AGE should be

supplied.

mation should be carefully

-WRITE PL

V. S. No. 1 M. certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

be

of OCCUPA-

Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02458
1. PLACE OF DEATH	(3)
County allegarcy WITHIN COR	POPATE LIMITS Registration Dist. No.
Village or City Cumberlead	No. 4/7 Valley St., St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence thicity or town where death occurred	ds How long in U.S. if of foreign birth? yrs mos ds.
2. FUEL NORSHELLER Stiller	er
(a) Residence: No. 417 Valley St., (Usual place of abode)	St., 9 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH March 7 1933
	(Month) (Day) (Year)
n. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH (month, day, and year) Franch 7-19-33	Hast saw h. P. aircon March 7, 19 33, death is said
AGE Years Months Oays If LESS than 1 day, Qhrs.	to have occurred on the date stated above, at 7m.
abortion or Q. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one of the state of the
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dato deceased last worked at this occupation (month and spant in this occupation (conjuntion)	4
2. BIRTHPLACE (city or town) Cumberland	Other Coutributory Causes of importance:
(State of country) med,	
14. BIRTHPLACE (city or town). Cumberland	Name of operation Physical Estern
15. MAIDEN NAME Lucille At Sheves	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town). Cumbuland.	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT (Address) Permbertand, Jack	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
8. BURHAL, CREMATION, OR REMOVAL Cremation	Manner of injury
Place Cumb, mod Date 3 - / 1950	Nature of injury
9. UNDERTAKER Johns Stagle fresh mit	24. Wes diseese or injury in any way related to occupation of deceased? No
0, FILED March 7, 1933 January March	(Signed) URHOUSE 10 M. P.
0. FILED Harch 1, 1999 . Harry Registrar.	(Address) Cambelland, Jud

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	15,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

BINDIN

RESERVED

ARGIN

CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis • · · ·	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 112461
1. PLACE OF DEATH	9:
County ally any	Registration Dist. No.
Village or City Brothers	NoSt./Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs mos ds.
Wan a T/	
2. FULL NAME / Thomas	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 15. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word) That Sa. If married, widowed, or divorced	21. DATE OF DEATH March, 193 3 (Year)
HUSBAND of Cor) WIFE of Chance Thomas	22. I HEREBY CERTIFY, That I attended deceased from 30 1982 to may had 1933
6. DATE OF BIRTH (month, day, and year) March 31 - 1850	Hast saw h alive on March 4 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
81 11 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z 8. Trade, profession, or particular P + 1 h	1 Date of ones.
kind of work done, as SPINNER, Relieved Mines	Chrome mycaddes!
kind of work done, as SPINNER, Slive L Manuer SAWYER, BDDKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (menth and	(-)
10. Date deceased last worked at this occupation (menth and year)	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Wals	
E 13. NAME Golden Thousand	
E	Name of operation
14. BIRTHPLACE (gity'or town) Wales	What test confirmed diagnosis? Turkings Was there an au'opsy? ho
15. MAIDEN NAME Carline Edwards	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country) Wals	Where did injury occur?
17. INFORMANT My Coming Thomas (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Tratberry Dato Mar 6, 1933	Nature of injury
10 HADESTAVED 9 4 1 Des x	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Addiess), The There and	If so, specify
20. FILED 3/4 , 1933 QIR, Nachus Registrar.	(Signed) Cult. Wather M. D. (Address) Troubling Sunt
If more blanks are moded add as South District	N. C. J. C. D. J. D. J. G. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I	1	Example II		
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Chronic interstitial nephritis	APA O	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BURRE	_3			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1928	Gastroenteritis	1 year	

V. S. No. 1 N. B.—WRITE PLAINLY, WI UNFADING INK—THIS IS A PERMANENT RECORD, Every item of information should be constituted and the state of the s
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02462
1. PLACE OF DEATH	95-E
County ally engly -	Registration Dist. No.
Village or City Akosk www a	No. St., Ward
Length of residence in city of town where death occurred fyrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
Jalana trala a al	The way to a sa
2. FULL NAME TO YOU TO THE STATE OF THE STAT	1000 Prej Carro -
(a) Residence: No. (b) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX) 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the wayd)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	1 HEREBY CERTIFY, Thet I atrended deceased from
ALLO DE-1910	I lest sew h AM alive on March 30 1933 death is seid
6. DATE OF BIRTH (month, day, end year) Wy 2 - 17 0 2 - 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 3-300 m.
30 × 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8. Trede, profession, or perticular	were es follows:
kind of work done, as SPINNER, A CAPPLE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this securation (works) and the same of the securation (works) and the security (works	
9. Industry or business in which work wes done, as SILK MILL,	acule sargual
SAW MILL, BANK, etc	alitation.
this occupation (month and 1927 spent in this occupation / occupation / occupation	/
load low A Hod	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) State or country)	Carrianta
13. NAME TOMORI LANDER MIL.	Olived & and
14. BIRTHPLACE (city or town) Ochlace Thy—	Name of operation Oate of
(State or country)	Name of operation
E 15. MAIDEN NAME SURGE LUNGEL -	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) - Alfly entry (State or country)	Accident, suicide, or homicide?0ate of injury
(Stete or pountry)	Where did injury occur?
17. INFORMANT Gellert wo trongson -	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frosthurg / And_	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 1, 193.3	Nature of injury
19. UNOERTAKER J. J. Durch	24. Wes diseese or injury in any way related to occupation of deceesed?
(Address) (The stage of med	If so, specify
20. FILEO 9/1 , 1933 Q.R. 8192Ku	(Signed) A CONTROL M. D
Registrar.	(Address)

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPAcertificate.	1. PLACE OF County Village or City Length of residen 2. FULL NAME (a) Residence: PERSONAL 3. SEX M. 2.1 @	E .
MANENT KACTL lassified.	5a. If married, widowed, HUSBAND of Be	1
ated E Noperly coperly c	6. DATE OF BIRTH (mo 7. AGE Years	_
UNFADING INK—THIS IS supplied. AGE should be st ain terms, so that it may be proceed instructions on back of cer	8. Trade, professio kind of work SAWYER, BO SAW MILL, E 10, Dato deceased 1 this occupating arrival for the same same same same same same same sam	in in in
d. A s, se t	12. BIRTHPLACE (city of (State or country	
Il Supplied plain terms, See instru	13. NAME II. 14. BIRTHPLACE (ci (State or cou	n ty
WY efull in pl	15. MAIDEN NAME 16. BIRTHPLACE (ci (State or coi	ty
should be cal OF DEATH	1) INFORMANT B (Address) 18. BURIAL, CREMATION	-
B.—WRITE PLAINLY, mation should be car CAUSE OF DEATH TION is very imports	Place Rose	
N. B.	20 Autorsh 2.9	2

1		STATE (OF MAR	YLAND-	CERTIFICATE C	OF DEATH	02463
1	I. PLACE OF	DEATH			730		
	County	All	egany	WITHIN CO	RPURATE LIMITS	Registration Dist. No.	44
	Village or City Cumberland. Md				No. 20 Bellev		Ward
	Length of resid	Shohe !	e death occurred Thrasher		f death occurred in a hospital or institutions. ds. How long In U.S., if of f		
	(a) Residence	Carrie	erland. (Usual place		St., Ward.	If nonresident give city or town	and State
	PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DEATH	1
	sex lale	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, O (write the word) 100	21. DATE OF DEATH	Mar.26th.19 (Month) (Day)	33, 193 (Year)
5a.	HUSBAND of B	elle. Thra	sher		22. I HEREBY	CERTIFY, That I attend	ded deceased from
6.	DATE OF BIRTH	month, day, and year)	Sep.14.	1853	I last saw h arive on	mil. 74 ,193	3 ; death is said
-	AGE Year		Days	If LESS than	to have occurred on the date stated	above, atm.	
	79	6	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of importance	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		B.And.O	&R.R.Co		Landburly)	3 4 and
OCCUPATION	3 Industry or to work was SAW MIL	business in which done, as SILK MILL, L, BANK, etc	Retired		seting in	chain.	
000		ed last worked at pation (month and	spe1	me (years) et in this pation			
12	BIRTHPLACE (cit	y or town)	Md		Other Contributory Causes of import	ance:	
-	(State or coun				Chrunia Bos	nght Dean	3
HER	13. NAME	Enick. The	asher			/	fen
ATH	14. BIRTHPLACE	(city or town)	Md		Name of operation	Date of	of
1	(State or				What test confirmed diagnosis?	Was there	an autopsy?
HER	15. MAIDEN NA	ME Mary H			23. If death was due to external cause	es (VIOLENCE) fill in also the follo	wing:
MOT	16. BIRTHPLACE (State or	(city or town)	Md		Accident, suicide, or homicide? Where did injury occur?		
1	INFORMANT	Belle. Thr			Specify whether injury occurred in I	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18	BURIAL, CREMATE	ion, or removal e Hill	Date Mar	29.1933	Manner of injury		
19	UNDERTAKER(Address)	John.C.W Cumberl	oliord		24. Was disease or injury in any way If so, specify	related to occupation of deceased?	?
20	Tresch &	29 ,1933 0	Phrung	A Orusa Registrar.	(Signed) (Address) Sur	entertues hus	M. D.
-		If mor	re blanks are needed	ddress State Registrar	24 V Charles Street Baltimore Reas	vesting 71 S No 2	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CHARLES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		L

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12)	164
1. PLACE OF DEATH	(3)	Y
County allegany	Registration Dist. No.	
Village Great Olelland	No. St., death occurred in a horpital or institution, give its NAME instead of street and a	Ward
	death occurred in a horpital or institution, give its NAME instead of street and the street and	
	7	J3
2. FULL NAME TOOLS	and the second	
(a) Residence: No (Usual place of abode)	St., Word. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write this word)	21. DATE OF DEATH 27	193 3
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Justin Howell	22. March 20 1933 to march 2	deceased from
6. DATE OF BIRTH (month, day, and year) 3200 14 1864	I last saw h in aliva on hearch 20 1933	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
69 0 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Detrologic
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	alenoschroger, Hefterly	7932
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and spar) yaar) 11. Total time (years) spent in this occupation		
26.	Other Contributory Composition of importance:	1933
12. BIRTHPLACE (city or town) (State or country)	Сероризу	1/00
1107	· · · · · · · · · · · · · · · · · · ·	
14. BIRTHPLACE (city or town)	Name of operation. Rough p Date of	
(State of Country)	What test confirmed diagnosis Physical Was there and	utopsy?
15. MAIDEN NAME HOT A Selection	23. If death was due to external causes (VIOLENCE) fill in also the following	3 °
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT OF OFFICE STATES	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR DEMOCAL	Manner of injury	
Plantine May 27, 1933	Nature of injury	
19. UNDERTAKER ONLY SELECTION (Address)	24. Was disease or injury in any way related to occupation of deceased?	no
2 18/ 0 0-	(Signed) Len Hodge	QM. D.
20. FILED/M. 29 1933 Ca Orromhold Register	(Address) Cumbbelland,	ped.
If more blanks are needed address State Resistrar	2422 N. Charles Street Relimore Requestions 91 S. No	

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For authority	to cha	- AL	ago a o	30× 1	+ #
Twee It	13/33	V	y rue	1	m = 2 under
18	2	0			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

1.	PLACE OF DEATH	A 7.77	WITH	A CORPORA		6
	County ALLEG		TIM		Registration Dist. No.	
	Village or City CUMB	ELLA	ND	(lf	No. MEMORIAL HOSPITAL St. 9 death occurred in a hospital or institution, give its NAME instead of street and r	
	Length of residence in city or tow	n where d	eeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmo	os
2.	FULL NAME D	OROT	HY V. V	NNA	0	1
	(a) Residence: No. SY.	LVAN	RETREAT	P. CITY	St., Ward. Mr. Sarage, ma	_
			(Usual place of		If nonresident gryf city or town and	State
- 0	PERSONAL AND STA				21. DATE OF DEATH	
3. S	FEMALE WHIT		or divorced	(TED, WIDOWED, L(write the word)	March 11, (Month) (Oey)	, 193 3 (Year)
5a. l	If married, widowed, or divorced HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	deceased fr
e In	DATE OF BIRTH (month, day, and yes	n.a.	ut	882	1 last saw h alive on	: death is s
7. A		onths	Days	If LESS than	to have occurred on the date stated above, at 8: 52P.m.	
	51			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of one
2	8. Trade, profession, or particular	NED			Ch/	Date of on
NO	kind of work done, as SPIN SAWYER, BOOKKEEPER, etc		NONE		Regargation	20
CUPAT	9, Industry or business In which work was done, as SILK MII SAW MILL, BANK, etc	L,				3-8
000	10: Date deceased last worked at		11. Total ti	me (years)	(moumousice)	
9	this occupation (month and year)		sper occu	t in this pation		
12.	BIRTHPLACE (city or town)	TV	RGINIA		Other Contributory Causes of importance:	-
ER	13. NAME ABRAHA	M VA	NN			
FATH	14. BIRTHPLACE (city or lown)	VIR	GINIA		Name of operation	
-!	(State or country)				What test confirmed diagnosis? Time The Allows more and	u'opsy?
2	15. MAIOEN NAME ELIZ	ABET	H MITTI	NGER	23. If death was due to external causes (VIOLENCE) fill in also the following	:
MOTH	16. BIRTHPLACE (city or town)	VIR	GINIA		Accident, suicide, or homicide? Oate of injury	, 19
Σ	(State or country)				Where did injury occur? (Specify city or town, county and Stat	0)
17.	INFORMANT MEMORIA (Address) CUM		SPITAL AND. MD		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	AGE.
18.	BURIAL, CREMATION, OR REMOVAL			v 15 , 19 3 3	Manner of injury	
	9.0	A.	. 9		24. Wes disease or injury in any way related to occupation of deceased?	2289
19.	(Address)	Lan	-d m	d	If so, specify	9
20	FILED 0 (13.1933	A	bus. 15	J Ov.	(Signed Tomos / Release	2 colo
	FILEU	med a la be had	- Colomberty d.	Registrar,	(Address)	1111

STATE OF MARYLAND-CERTIFICATE OF DEATH

69100

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			1.0
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Jo should County Registration Dist. No. (If death occurred in a horpital or in tilution, give it NAME instead of street and number) How long in U.S. if of foreign birth? yrs. Length of residence in city of town where death occurred. statement 2. FULL NAME (a) Residence: No. 7 (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3-SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I atlended deceased from (or) WIFE of 19.35 .. to 田 certificate. 6. DATE OF BIRTH (month, day, and year) proper 7. AGE Months Days If LESS than to have occurred on the date slated above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... CUPATION RESERVED 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back should 10. Date deceased ast 11. Total time (years)
spent in this
occupation that instructions Other Contributory Causes of Importance MARGIN (State or country) THER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation. PA L a (State or country) What test confirmed diagnosis?. Was there an au'opsy? d MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: porta Accident, suicide, or homicide?________ Date of injury_________19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or lown, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) shou 18. BURIAL, CREMATION, OR REMOVAL Manner of injury SE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Address) _ Registrar. 6

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1 B ż of OCCUPA.

item of infor-

STATE (OF MARYLAND-	CERTIFICATE OF DEATH	468
1. PLACE OF DEATH		(3-6-3)	4 0 0
County CLLEGGE	all!	Registration Dist. No.	
1//	22 houring	NoSt.,	Ward
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and nut.	
2. FULL NAME	mas toanfile	ll Stilson	
(a) Residence: No.	racaring Getmen	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and S	tale
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day)	193 3 (Year)
5a. If married, widowed, or afforced HUSBAND of (or)-WIFE of	ref Pollack	22. I HEREBY CERTIFY, That I attended do	aceased from
6. DATE OF BIRTH (month, day, and year)	1111 21 1658	9. 1 4 0	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10 Pm.	
74 9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc	wal Merice	Chronie Browletze	1928
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	wal Divice	Bronchial actions	
10. Date deceased last worked al this occupation (month and year)	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town)	etland	Other Contributory Causes of importance:	
13. NAME / /22 (To. Spilson		
14. BIRTHPLACE (city or Iown)	cuttand	Name of operation Dale of	
(State or country)		What test confirmed diagnosis? Was there are au	lopsy?_t4_
15. MAIDEN NAME Cuthe	une Campbell	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
[16. BIRTHPLACE (city or Iown)	cultanos	Accident, suicide, or homicide? Dale of injury	, 19
∑ (State or country)	1-1/	Whate did injury occur?(Specify city or town, county and State)	***************************************
17. INFORMANT Likely (Address)	ening mes.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLAC	ε.
18. BURIAL, CREMATION, OR REMOVAL Place (LASK) Hill Cannel	turpare 4/2013/ 1933	Manner of injury	
19. UNDERTAKER AL: Cic.	hlim	Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?	†
20. FILED 3/29 33 T.	Done Bey low level,	(Signed) Hury In I Wager (Address) Laharonna, Ind.	M. D
If more	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of evilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

BINDING

FOR

RESERVED

MARGIN

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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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III	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
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July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH	471
1. PLACE OF DEATH		TIL
County allegany WITHIN CORPC	PRATE LIMITO Registration Dist. No.	
Village or City Combelland	No. 70 4 Ball St., If death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred yrsmo	os. ds How long in U.S. if of foreign birth? yrs mo	
2. FULL NAME Kachall Iranno	Might	
(a) Residence: No. 704 Budfindl (Voual place of abode)	St., 3 Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of John Might	22. I HEREBY CERTIFY, That I attended 1	deceesed from
6. DATE OF BIRTH (month, day, and year) While 25 7848	I last saw har alive on Mon. 14 ,1933	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. \$ 3°G_m.	
84 10 20 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
8. Trede, profession, or petiticular kind of work done, as SPINNER, ANYER, BOOKKEPER, etc	Organic Heart Diseas	2400
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation.		
12. BERTHPLACE (city or town). Bethyahng	Other Contributory Causes of importance:	742
(State or country)	arterraction	nm
13. NAME John Tragnor.		
14. BIRTHPLACE (city or town).	Name of operation	
(State of country)	What test confirmed diagnosis?	u'opsy?
15. MAIDEN HENE SALL STREET ST	23. If death was due to external ceuses (VIOLENCE) fill In also the following	•
	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT The Hall Willy (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mrs. 1011 Date Date 10, 10, 1933	Nature of injury	
19. UNDERTAKER Armo Stern Sya	24. Was disease or injury in any way related to occupation of deceased?	
20. FILES March 17, 1933 Parwey A Mer. Registrar.	(Signed) (Address) Course for fund had	M. D.
Maria de la companya	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CTATE OF MADY AND OFFICE OF SEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year

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BURRAU V. S				
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ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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